

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90101 026 \*\*\*\*61.25

**DOCUMENT # N92000000840**

1. Entity Name

**THE SANCTUARY AT RIVER BRIDGE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

400 S DIXIE HWY  
SUITE 10  
LAKE WORTH FL 33460  
US

Mailing Address

ASSOCIATES PROPERTY MANAGEMENT  
400 S DIXIE HWY SUITE 10  
LAKE WORTH FL 33460  
US

2. Principal Place of Business

90 ASSOCIATED PROPERTY MGMT. ASSOCIATED PROPERTY MGMT.  
Suite, Apt. #, etc.

1928 LAKE WORTH RD.

City & State  
LAKE WORTH, FL

Zip  
33461

Country  
U.S.A.

3. Mailing Address

ASSOCIATED PROPERTY MGMT.  
Suite, Apt. #, etc.

1928 LAKE WORTH RD.

City & State  
LAKE WORTH, FL

Zip  
33461

Country  
U.S.A.



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0451660**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT  
400 SO. DIXIE HWY, #10  
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name **ASSOCIATED PROPERTY MANAGEMENT**  
Street Address (P.O. Box Number is Not Acceptable)

**1928 LAKE WORTH ROAD**

City **LAKE WORTH**

FL

Zip Code **33461**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/7/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE LA GUERRA, RAMIRO	
STREET ADDRESS	104 PRIVATE PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, JAMES	
STREET ADDRESS	156 PRIVATE PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHAPIRO, CAROLE	
STREET ADDRESS	108 PRIVATE PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SNEED, JOHN	
STREET ADDRESS	120 PRIVATE PLACE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SILVERMAN, ANNIE	
STREET ADDRESS	50 WINDSOR PLACE	
CITY-ST-ZIP	CENTRAL ISLIP NY 11722	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, GERALD	
STREET ADDRESS	132 PRIVATE PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, CAROLE	
STREET ADDRESS	108 PRIVATE PLACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDSTEIN, GAIL	
STREET ADDRESS	100 PRIVATE PLACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNEEP, JOHN	
STREET ADDRESS	120 PRIVATE PLACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DERKATCH, KARLA	
STREET ADDRESS	148 PRIVATE PLACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDERS, JIM	
STREET ADDRESS	152 PRIVATE PLACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

**3/11/03 3963-9**